

Application Form



Child Details

Leisure Card No: _____

Name of Child _____

DOB _____

Age _____

Gender M / F _____

Address _____

Postcode _____

School _____

Email Address _____

Emergency Contact Information

Full Name _____

Relationship _____

Home Tel _____

Work Tel _____

Mobile _____

Address & Postcode (if different from above) _____

Medical Information

Please list any disabilities, illness, allergies or other problems of which we need to be aware (eg. learning difficulties, asthma, diabetic, epilepsy, impaired hearing, nut allergies etc)

Equalities Information

The following information is requested for Council monitoring only. It will be treated in confidence and will not be used to discriminate for or against your child.

Do you consider your child to have a disability? Yes No

If **yes** which of the following best describes your disability (please tick all that apply)?

Physical Impairment Mental Health Problem

Hearing Impairment Learning Disability

Visual Impairment Other, please state _____

(The Equalities Act 2010 states that 'a person has a disability for the purpose of the Act if they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities')

Please state your view of your child's ethnicity (please tick one box only)

WHITE

- British
 Irish
 Any other white background

please specify

ASIAN OR ASIAN BRITISH

- Indian
 Pakistani
 Bangladeshi
 Any other Asian Background

please specify

BLACK OR BLACK BRITISH

- Caribbean
 African
 Any other Black Background

please specify

BRITISH CHINESE OR OTHER ETHNIC GROUP

- Chinese
 Other Ethnic Group

please specify

MIXED HERITAGE

- White & Black Caribbean
 White & Black African
 White & Asian
 Any other Mixed background

please specify

OFFICIAL USE ONLY: receipt number _____

